

**ADMISSION SHEET**

**Registration Details :**

Admission No : IP5-00174633      Admit Date : 02-Jun-2026      Admit Time : 08:59 AM      UHID : KUH-00193523

**Patient Details :**

|              |   |                |                          |
|--------------|---|----------------|--------------------------|
| Patient Name | : Baby DAKURI HADVITHA REDDY  | Age            | : 3 Y 11 M 3 D           |
| Guardian     | : Mr DAKURI VIDYA SAGAR REDDY   | DOB            | : 30-06-2022             |
| Gender       | : Female  | Religion       | :                        |
| Occupation   | :   | Martial Status | : Single                 |
| Address (H)  | : FLAT NO G3, SAI AKRUTHI APARTMENTS,<br>PRAGATHI NAGAR COLONY Bachupally<br>Hyderabad Telangana INDIA 500090 | Phone No       | : 9908175143/ 7036689332 |
|              |   | E-mail         | : no@gmail.com           |

**Admission Details :**

|          |                |                |               |           |                      |
|----------|----------------|----------------|---------------|-----------|----------------------|
| Bed Type | : FOUR SHARING | Bed No         | : FSW 128     | Ward Name | : 1F-HEMATO-ONCOLOGY |
| Room No  | : FSW 128      | Admission Type | : First Visit |           |                      |

**Contact Details :**

|                 |   |              |              |
|-----------------|---|--------------|--------------|
| Name            | : Mr DAKURI VIDYA SAGAR REDDY   | Relationship | : Father     |
| Contact Address | : FLAT NO G3, SAI AKRUTHI APARTMENTS,<br>PRAGATHI NAGAR COLONY Bachupally<br>Hyderabad Telangana INDIA 500090 | Phone No     | : 9908175143 |

*R. D. S. Reddy*  
Signature

**Doctor Details :**

|                 |                       |                |                   |
|-----------------|-----------------------|----------------|-------------------|
| Doctor Name     | : Dr. SIRISHA RANI    | Specialisation | : HEMATO ONCOLOGY |
| Referral Doctor | : Self                | Phone No       | :                 |
| Co-Consultant   | : Dr. SANDHYA VADDADI |                |                   |

**Payment Details :**

|              |        |                |   |
|--------------|--------|----------------|---|
| Payment Mode | : Cash | Deposit Amount | : 0.00                                  |
|              |        | Payor Name     | : HDFC ERGO GENERAL INSURANCE<br>CO LTD |

**ACTIVITY RECORD FOR BILLING**

Name : \_\_\_\_\_

UHID No. : \_\_\_\_\_

Date of Admission: \_\_\_\_\_ : of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

KUH-00193523 IP5-00174633  
Baby DAKURI HADVITHA REDDY  
30-06-2022 3 Y 11 M 3 D (F)  
Dr. SIRISHA RANI



Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

**WARD TRANSFERS**

| Date   | Time    | From | To   | Signature of Nurse |
|--------|---------|------|------|--------------------|
| 2/6/26 | 11:50AM | ER   | oneo | Annab              |
|        |         |      |      |                    |
|        |         |      |      |                    |
|        |         |      |      |                    |
|        |         |      |      |                    |

**Cross Consultation Visit**

|    | Doctors Name | Date | Order No. | Signature |
|----|--------------|------|-----------|-----------|
| 1  |              |      |           |           |
| 2  |              |      |           |           |
| 3  |              |      |           |           |
| 4  |              |      |           |           |
| 5  |              |      |           |           |
| 6  |              |      |           |           |
| 7  |              |      |           |           |
| 8  |              |      |           |           |
| 9  |              |      |           |           |
| 10 |              |      |           |           |









# Rainbow<sup>®</sup> Children's Hospital

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

KUH-00193523 IP5-00174633  
Baby DAKURI HADVITHA REDDY  
30-06-2022 3 Y 11 M 3 D (F)  
Dr. SIRISHA RANI



Patient Name:

Hadvitha Reddy.

UHID ID:

Department:

Consultant:

KUH-00193523 IP5-00174633  
Baby DAKURI HADVITHA REDDY  
30-06-2022 3 Y 11 M 3 D (F)  
Dr. SIRISHA RANI



### Pediatric Multiorgan History & Physical Examination

Name : \_\_\_\_\_ Age/Sex \_\_\_\_\_

Information given by: \_\_\_\_\_ Relationship \_\_\_\_\_

#### Chief Presenting Complaints & Duration (Chronologically)

K/yo Retroperitoneal neuroblastoma with OMAS / Stage 12 /  
Intermediate risk / SCA - 1p deletion + Post chemotherapy.  
S/P Tumor excision -

#### History of present illness :



Now came for IV IA transfusion.

No H/O cold, cough, vomitngs, loose stools, burning micturition.

KUH-00183523 IP5-00174633  
Baby DAKURI HADVITHA REDDY  
30-06-2022 3 Y 11 M 3 D (F)  
Dr. SIRISHA RANI



### History & Physical Examination

#### Past History : (Including details of any previous investigation or treatment)

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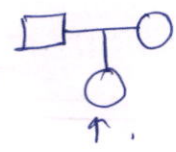
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#### Birth & Neonatal History:

2.5kg | LSCS (no cord around neck) No HTO  
NICU stay  
(N) transition



#### Birth & Socio Economic History:

About Father : \_\_\_\_\_  
About Mother : \_\_\_\_\_ } Upper middle class  
Any additional Information : \_\_\_\_\_

#### Developmental History :

(N) development

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#### Immunization History :

Vaccination till 3yrs of age.

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**Cardiac Multiorgan History & Physical Examination**

**Anthropometry :**

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile \_\_\_\_\_)  
Weight (kgs) 14.91kg (Centile \_\_\_\_\_)

**On Examination :**

Temperature : 97.8°F Pulse Rate : 112/min B.P. 101/90(75)mmHg SPO2 100% on RA  
Resp. rate and type of breathing : RR = 24/min

Rash \_\_\_\_\_  
Lymphadenopathy \_\_\_\_\_  
Oedema : nil.  
Allergies (if any): \_\_\_\_\_

**Respiratory System :**

Inspection (any s/o distress) : \_\_\_\_\_  
Air entry & breath sounds : B/LAE (+)  
Any added sounds : \_\_\_\_\_  
Relevant data from outside (Chest X-Ray, ABG, etc.,) \_\_\_\_\_

**Cardiovascular System :**

Inspection of precordium : \_\_\_\_\_  
Heart Sounds : S1S2 (+)  
Any murmur : \_\_\_\_\_  
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : \_\_\_\_\_

**Per Abdomen :**

Inspection \_\_\_\_\_  
Palpation : soft, no tenderness  
Auscultation : \_\_\_\_\_  
Spine : \_\_\_\_\_ External Genitalia : \_\_\_\_\_  
Relevant data from outside (CT, USG etc.,) \_\_\_\_\_

Pati

KUM-00193523 IP5-00174633  
Baby DAKURI HADVITHA REDDY  
30-06-2022 3 Y 11 M 3 D (F)  
Dr. SIRISHA RANI



### Pediatric Multiorgan History & Physical Examination

#### Central Nervous System :

Level of Consciousness : AVPU/GCS score : \_\_\_\_\_

Cranial Nerves : \_\_\_\_\_

} (N)

#### Motor System:

Nutriton : \_\_\_\_\_

Tone: \_\_\_\_\_ Power \_\_\_\_\_

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

} (N)

#### Reflexes :

DTR

Plantars \_\_\_\_\_

Superficials:

#### Sensory System :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bladder / Bowel : \_\_\_\_\_

} (S)

#### Clinical Summary & Diagnostic:

Retroperitoneal Neuroblastoma with OMAS / stage L2

Came for IVIh injection

KUH-00193523 IP5-00174633  
Baby DAKURI HADVITHA REDDY  
30-08-2022 3 Y 11 M 3 D (F)  
Dr. SIRISHA RANI



### Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Desired goals of the treatment : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_


**Planned Labs:**

CBP  
Creatinine  
CD20 levels  
USG Abd - by Dr Nithin sir  
M/B Annual  
2/6/26

**Planned Management**

IVTA injections  
(10gm → 5gm)  
MSB results  
2/6/26

Signature of the Doctor: Ramya  
Name of the Doctor: Dr. RAMYA  
Date & Time: 2/6/26 11.9am

  
Signature of the Consultant: \_\_\_\_\_  
Name of the Consultant: \_\_\_\_\_  
Date & Time: \_\_\_\_\_

KUH-00193523 IP5-00174633  
 Baby DAKURI HADVITHA REDDY  
 30-06-2022 3 Y 11 M 3 D (F)  
 Dr. SIRISHA RANI



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time                   | Progress Notes                               | Doctor's Order       |
|-------------------------------|--|----------------------|
| <del>2/6/26</del><br>4pm      | Neuroblastoma with OMAS<br>admitted for IVIg |                      |
|                               | No fever                                     |                      |
|                               | No vomit                                     |                      |
|                               |  | Plan                 |
|                               |  | 1 - IVIg 10gms today |
|                               |  | 2. d/c today         |
|                               |  |                      |
|                               |  | <u>Shari</u>         |
| <del>3/6/26</del><br>10:15 AM | <u>S/O An Anurag</u><br>neuroblastoma & OMAS |                      |
|                               | admitted for IVIg                            |                      |
|                               | - no fever                                   |                      |
|                               | - no new concern                             |                      |
|                               |  | <u>Shari</u>         |
|                               | o/e stable vitals                            |                      |
|                               |  | plan ok today        |
|                               |  |                      |
|                               |  |                      |
|                               |  |                      |
|                               |  |                      |
|                               |  |                      |
|                               |  |                      |
|                               |  |                      |

*(Handwritten signature)*  
 Anurag  
 43395



Patient

KUH-00193523 IP5-00174633  
Baby DAKURI HADVITHA REDDY  
30-06-2022 3 Y 11 M 3 D (F)  
Dr. SIRISHA RANI



# MEDICATION RECONCILIATION FORM

Drug Allergies: .....  Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... ER ..... Shifted to: ..... Ward .....

| S.No | MEDICATION NAME<br>(GENERIC NAME CAPITAL LETTERS) | DOSE<br>(mg, mcg) | ROUTE<br>(PO, NG, SC, IV) | FREQUENCY | LAST DOSE<br>Date / Time | ON<br>ADMISSION<br>/ SHIFTING                                     |
|------|---|-------------------|---------------------------|-----------|--------------------------|---|
| 1    | Syp. Mofel  | 5ml               | PO                        | OD        | 1/6/26                   | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 2    | Tub Inderenol 10mg                                | 1/2tbl            | PO                        | OD        | 1/6/26                   | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 3    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC            |
| 4    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC            |
| 5    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC            |
| 6    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC            |
| 7    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC            |
| 8    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC            |
| 9    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC            |
| 10   |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC            |

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... *Dr. Ramya* .....

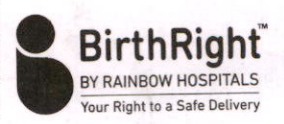
Date & Time : ..... 2/6/26, 9:30am .....

Nurse Name & Signature: ..... *Renek* .....

Date & Time : ..... 2/6/26 & 9:40am .....

KUH-00193523      IP5-00174633  
 Baby DAKURI HADVITHA REDDY  
 30-08-2022      3 Y 11 M 3 D      (F)  
 Dr. SIRISHA RANI

Patient



## RESULT SHEET

|                     |  |  |  |  |  |
|---------------------|--|--|--|--|--|
| Date                |  |  |  |  |  |
| Time                |  |  |  |  |  |
| Hb                  |  |  |  |  |  |
| PCV                 |  |  |  |  |  |
| RBC                 |  |  |  |  |  |
| WBC                 |  |  |  |  |  |
| N/L                 |  |  |  |  |  |
| Platelets           |  |  |  |  |  |
| CRP                 |  |  |  |  |  |
| ESR                 |  |  |  |  |  |
| PCT                 |  |  |  |  |  |
| RBS                 |  |  |  |  |  |
| Na                  |  |  |  |  |  |
| K                   |  |  |  |  |  |
| Cl                  |  |  |  |  |  |
| Ca/Mg               |  |  |  |  |  |
| Phosphate           |  |  |  |  |  |
| Urea                |  |  |  |  |  |
| Creatinine          |  |  |  |  |  |
| ALP                 |  |  |  |  |  |
| SGPT                |  |  |  |  |  |
| SGOT                |  |  |  |  |  |
| T.Bill/Conj         |  |  |  |  |  |
| T.Protein           |  |  |  |  |  |
| S.Albumin           |  |  |  |  |  |
| S.Globulin          |  |  |  |  |  |
| A/G Ratio           |  |  |  |  |  |
| Uric Acid           |  |  |  |  |  |
| S.Amylase           |  |  |  |  |  |
| Sr.Lipase           |  |  |  |  |  |
| Blood Lactate       |  |  |  |  |  |
| S.Cholesterol       |  |  |  |  |  |
| PT/INR              |  |  |  |  |  |
| APTT                |  |  |  |  |  |
| CSF Protein / Sugar |  |  |  |  |  |
| Cells               |  |  |  |  |  |
| N/L                 |  |  |  |  |  |



KUH-00193523 IP5-00174633  
 Baby DAKURI HADVITHA REDDY  
 30-06-2022 3 Y 11 M 3 D (F) *day*  
 Dr. BIRISHA RANI



# DRUG CHART

Date of Admission: 2/6/18 Drug Allergies:  Not known any Drug Allergies

## FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).  
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.  
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.  
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.  
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.  
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.  
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time  
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

## SOS / PRN (As Required Medication)

|                          |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|-------|--------------|------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>            |       |              |            | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                     | Route | Frequency    | Start Date |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Doctor's Signature       |       | Valid Period | Pharm.     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions: |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DRUG :</b>            |       |              |            | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                     | Route | Frequency    | Start Date |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Doctor's Signature       |       | Valid Period | Pharm.     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions: |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DRUG :</b>            |       |              |            | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                     | Route | Frequency    | Start Date |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Doctor's Signature       |       | Valid Period | Pharm.     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions: |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

VERIFIED BY : Name ..... Signature .....



REGULAR PRESCRIPTIONS

Weight. 14.9 kg Ward. ....

|  |       |           |            |           |         |
|--|-------|-----------|------------|-----------|---------|
| <b>DRUG :</b> Syp. MOKTEL                          |       |           |            | Date/Time | 2/6     |
| Dose   | Route | Frequency | Start Date |           |         |
| 5ml  | PO    | Q24H      | 2/6/26     |           |         |
| Name & Signature of the Doctor Starting the Drugs: |       |           |            |           |         |
| Dr. Ranjan   |       |           |            | 2pm       | 1:30 pm |
| Additional Instructions:                           |       |           |            |           |         |
| <b>Daily Doctor's Endorsement by a Sign</b>        |       |           |            |           |         |

|  |       |           |            |           |  |
|--|-------|-----------|------------|-----------|--|
| <b>DRUG :</b> <del>NOCTURAS</del>                  |       |           |            | Date/Time |  |
| Dose   | Route | Frequency | Start Date |           |  |
|  |       |           |            |           |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |            |           |  |
| Additional Instructions:                           |       |           |            |           |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |       |           |            |           |  |

|  |       |           |            |           |               |
|--|-------|-----------|------------|-----------|---------------|
| <b>DRUG :</b> Tab INDERAL 10mg                     |       |           |            | Date/Time | 2/6           |
| Dose   | Route | Frequency | Start Date |           |               |
| 1/2 tab  | PO    | Q24H      | 2/6/26     |           |               |
| Name & Signature of the Doctor Starting the Drugs: |       |           |            |           |               |
| Dr. Ranjan   |       |           |            | 2pm       | 5 P           |
| Additional Instructions:                           |       |           |            |           |               |
| (1 tab = 10 mg)                                    |       |           |            |           |               |
|  |       |           |            |           | haveri 2/6/26 |
| <b>Daily Doctor's Endorsement by a Sign</b>        |       |           |            |           |               |

|  |       |           |            |           |               |
|--|-------|-----------|------------|-----------|---------------|
| <b>DRUG :</b> 1mg METHYL PREDNI SOLUBLE            |       |           |            | Date/Time | 2/6 3/6       |
| Dose   | Route | Frequency | Start Date |           |               |
| 125mg  | IV    | OD        | 2/6        |           |               |
| Name & Signature of the Doctor Starting the Drugs: |       |           |            |           |               |
| haveri   |       |           |            | 2pm       | 3pm           |
|  |       |           |            |           | Soma          |
|  |       |           |            |           | Shankhchandra |
| Additional Instructions:                           |       |           |            |           |               |
| x 2 days   |       |           |            |           |               |
| <b>Daily Doctor's Endorsement by a Sign</b>        |       |           |            |           |               |

KUH-00193523 IP5-00174633  
 Baby DAKURI HADVITHA REDDY  
 30-06-2022 3 Y 11 M 3 D (F)  
 Dr. SIRISHA RANI



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight ..... Ward .....

|  |           |           |            |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-----------|-----------|------------|--|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b> <i>100 Pantoprazole</i>              |           |           |            | Date<br>Time   | <i>2/6</i> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route     | Frequency | Start Dt.  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <i>15mg</i>  | <i>IV</i> | <i>OD</i> | <i>2/6</i> |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |           |           |            | <i>Signature</i><br><i>Ganesh</i><br><i>chart</i>            |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |           |           |            |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |           |           |            | <i>d</i>   |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DRUG :</b> <i>Tab INDERAL</i>                   |           |           |            | Date<br>Time   | <i>2/6</i> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route     | Frequency | Start Dt.  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <i>1/2 tab</i>                                     | <i>PO</i> | <i>BD</i> | <i>2/6</i> |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |           |           |            | <i>Signature</i><br><i>10 AM / 1:30 PM</i><br><i>Refused</i> |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |           |           |            | <i>(1 tab = 10 mg)</i><br><i>10 PM</i>                       |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |           |           |            |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DRUG :</b>                                      |           |           |            | Date<br>Time   |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route     | Frequency | Start Dt.  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |           |           |            |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |           |           |            |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |           |           |            |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |           |           |            |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DRUG :</b>                                      |           |           |            | Date<br>Time   |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route     | Frequency | Start Dt.  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |           |           |            |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |           |           |            |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |           |           |            |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |           |           |            |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Signature  
Name  
VERIFIED BY

KUH-00193523 IP5-00174633  
 Baby DAKURI HADVITHA REDDY  
 30-06-2022 3 Y 11 M 3 D (F)  
 Dr. SIRISHA RANI



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight .....

Ward .....

|  |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-------|-----------|-----------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Signature  
Name



| VARIABLE DOSE                  |            | Date<br>Time |            |            |            |            |            |            |
|--------------------------------|------------|--------------|------------|------------|------------|------------|------------|------------|
|                                |            |              | Nurse Sig. | Nurse Sig. | Nurse Sig. | Nurse Sig. | Nurse Sig. | Nurse Sig. |
| DRUG :                         |            | Dose         |            | Dose       |            | Dose       |            | Dose       |
|                                |            | Dr. Sign.    |            | Dr. Sign.  |            | Dr. Sign.  |            | Dr. Sign.  |
| Route                          | Start Date | Dose         |            | Dose       |            | Dose       |            | Dose       |
|                                |            | Dr. Sign.    |            | Dr. Sign.  |            | Dr. Sign.  |            | Dr. Sign.  |
| Name & Signature of the Doctor |            | Dose         |            | Dose       |            | Dose       |            | Dose       |
|                                |            | Dr. Sign.    |            | Dr. Sign.  |            | Dr. Sign.  |            | Dr. Sign.  |
| Additional Instructions:       |            | Dose         |            | Dose       |            | Dose       |            | Dose       |
|                                |            | Dr. Sign.    |            | Dr. Sign.  |            | Dr. Sign.  |            | Dr. Sign.  |

| VARIABLE DOSE                  |            | Date<br>Time |            |            |            |            |            |            |
|--------------------------------|------------|--------------|------------|------------|------------|------------|------------|------------|
|                                |            |              | Nurse Sig. | Nurse Sig. | Nurse Sig. | Nurse Sig. | Nurse Sig. | Nurse Sig. |
| DRUG :                         |            | Dose         |            | Dose       |            | Dose       |            | Dose       |
|                                |            | Dr. Sign.    |            | Dr. Sign.  |            | Dr. Sign.  |            | Dr. Sign.  |
| Route                          | Start Date | Dose         |            | Dose       |            | Dose       |            | Dose       |
|                                |            | Dr. Sign.    |            | Dr. Sign.  |            | Dr. Sign.  |            | Dr. Sign.  |
| Name & Signature of the Doctor |            | Dose         |            | Dose       |            | Dose       |            | Dose       |
|                                |            | Dr. Sign.    |            | Dr. Sign.  |            | Dr. Sign.  |            | Dr. Sign.  |
| Additional Instructions:       |            | Dose         |            | Dose       |            | Dose       |            | Dose       |
|                                |            | Dr. Sign.    |            | Dr. Sign.  |            | Dr. Sign.  |            | Dr. Sign.  |

STAT / ONCE ONLY DRUGS

| Date | Time                       | Medication | Dosage & Other Instructions | Route        | Signature | Nurses           |
|------|----------------------------|------------|-----------------------------|--------------|-----------|------------------|
| 2/6  | 2:51 PM                    | IvIg       | 10gms                       | Iv<br>6 hour | d         | Sourav<br>Pratap |
| 2/6  | 2:50 PM                    | Iv AVIL    | 7mg                         | Iv           | d         | Sourav<br>Pratap |
| 2/6  | <del>2:50</del><br>6:30 PM | IvIg       | 10gms                       | Iv<br>6 hour | d         | Divya<br>Purhi   |
|      |                            |            |                             |              |           |                  |
|      |                            |            |                             |              |           |                  |
|      |                            |            |                             |              |           |                  |
|      |                            |            |                             |              |           |                  |
|      |                            |            |                             |              |           |                  |
|      |                            |            |                             |              |           |                  |
|      |                            |            |                             |              |           |                  |
|      |                            |            |                             |              |           |                  |

Signature

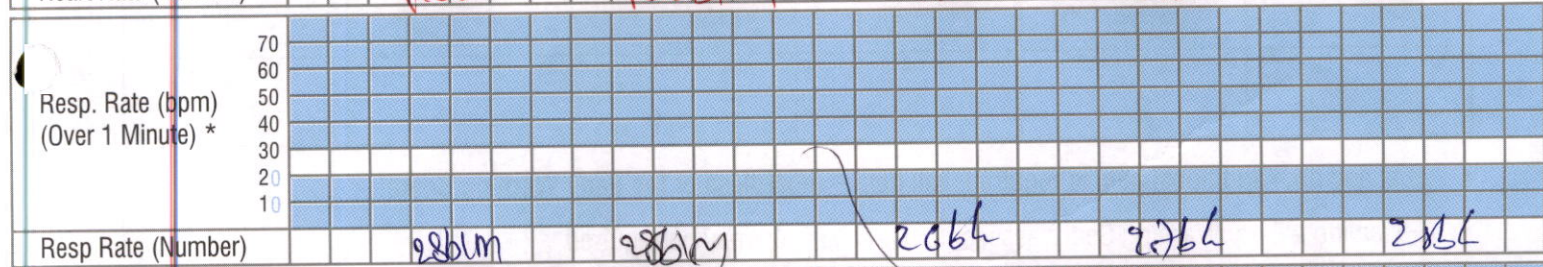
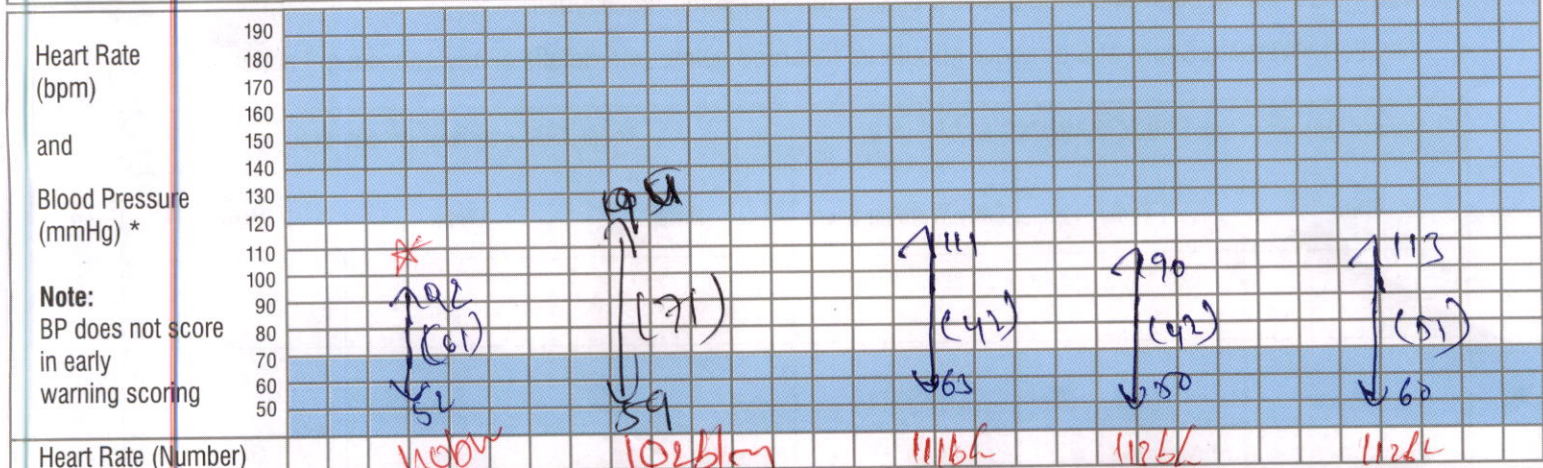
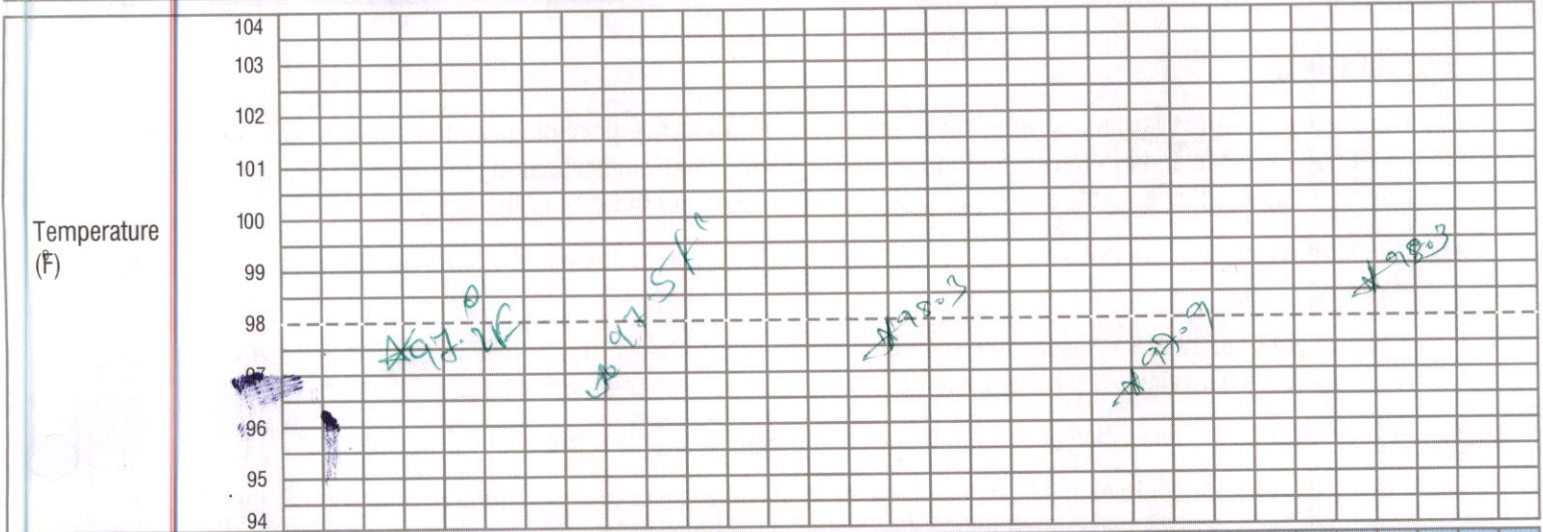
VERIFIED BY : Name





EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 20/06/22 Time: 7pm 6pm 10pm 2am 6am  
 Doctor / Nurse / Family Concern?



|                                  |             |             |
|----------------------------------|-------------|-------------|
| Resp Distress                    | Mod/ Severe | None / Mild |
| Receiving O <sub>2</sub> (l/min) | 0.9         | 1.0         |
| O <sub>2</sub> Saturations (%)   | 99%         | 100%        |
| Conscious Level                  | Normal      | Altered     |
| GCS *                            | 15/15       | 15/15       |

|                        |   |
|------------------------|---|
| <b>TOTAL SCORE</b>     |   |
| Number of shaded boxes | 1 |
| Pain Score             | 0 |
| Observer's Initials    | S |

|  |   |
|--|---|
| <b>ACTIONS</b><br>NB: Scores 3 should be recorded overleaf | Score 1 : Continue normal observation by staff nurse  |
|  | Score 2 : Shift in charge nurse to be informed and continue hourly observations                                   |
|  | Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue. |
|  | Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see              |
|  | Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.                                  |

NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

| Record Details when EARLY WARNING SCORE > 3 |      |                     | Record Time of Review and Plan |      |      |
|---|------|---------------------|--------------------------------|------|------|
| Date  | Time | Early Warning Score | Date                           | Time | Name |
|   |      |                     |                                |      |      |
|   |      |                     |                                |      |      |
|   |      |                     |                                |      |      |
|   |      |                     |                                |      |      |

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

|          |  |
|----------|--|
| <b>I</b> | <b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)  |
| <b>S</b> | <b>SITUATION :</b> I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)  |
| <b>B</b> | <b>BACK GROUND :</b> Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free) |
| <b>A</b> | <b>ASSESSMENT :</b> I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.   |
| <b>R</b> | <b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)   |

Patient Sticker

KUH-00193523 IP5-00174633  
 Baby DAKURI HADVITHA REDDY  
 30-06-2022 3 Y 11 M 3 D (F)  
 Dr. SIRISHA RANI



# FLUID CHART

Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

| Date                  | Time     | Nature of Fluid | Intake |     |     | Output                |           |       |          |       | IV Site Thrombo-phlebitis Score | Sign. Nurse |  |
|-----------------------|----------|-----------------|--------|-----|-----|-----------------------|-----------|-------|----------|-------|---------------------------------|-------------|--|
|                       |          |                 | Route  |     |     | NG                    | Diarrhoea | Vomit | Drainage | Urine |                                 |             |  |
|                       |          |                 | Mouth  | I.V | N.G |                       |           |       |          |       |                                 |             |  |
| 2/06/26               | 08:00 am |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
|                       | 09:00 am |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
|                       | 10:00 am |                 |        |     |     |                       |           |       |          |       | 0                               | PM          |  |
|                       | 11:00 am |                 |        |     |     |                       |           |       |          |       | 0                               | PM          |  |
|                       | 12:00 pm |                 |        |     |     |                       |           |       |          |       | 0                               | PM          |  |
|                       | 01:00 pm |                 |        |     |     |                       |           |       |          |       | 0                               | PM          |  |
| <b>Total Intake :</b> |          |                 |        |     |     | <b>Total Output :</b> |           |       |          |       |                                 |             |  |
| 2/6/26                | 02:00 pm |                 |        |     |     |                       |           |       |          |       | 0                               |             |  |
|                       | 03:00 pm |                 |        |     |     |                       |           |       |          |       | 0                               |             |  |
|                       | 04:00 pm |                 |        |     |     |                       |           |       |          |       | 0                               |             |  |
|                       | 05:00 pm |                 |        |     |     |                       |           |       |          |       | 0                               |             |  |
|                       | 06:00 pm |                 |        |     |     |                       |           |       |          |       | 0                               |             |  |
|                       | 07:00 pm |                 |        |     |     |                       |           |       |          |       | 0                               |             |  |
| <b>Total Intake :</b> |          |                 |        |     |     | <b>Total Output :</b> |           |       |          |       |                                 |             |  |
| 2/6                   | 08:00 pm |                 |        |     |     |                       |           |       |          |       | 0                               | Chand       |  |
|                       | 09:00 pm |                 |        |     |     |                       |           |       |          |       | 0                               | Chand       |  |
|                       | 10:00 pm |                 |        |     |     |                       |           |       |          |       | 0                               | Chand       |  |
|                       | 11:00 pm |                 |        |     |     |                       |           |       |          |       | 0                               | Chand       |  |
|                       | 12:00 am |                 |        |     |     |                       |           |       |          |       | 0                               | Chand       |  |
|                       | 01:00 am |                 |        |     |     |                       |           |       |          |       | 0                               | Chand       |  |
| <b>Total Intake :</b> |          |                 |        |     |     | <b>Total Output :</b> |           |       |          |       |                                 |             |  |
| 3/2                   | 02:00 am |                 |        |     |     |                       |           |       |          |       | 0                               | Chand       |  |
|                       | 03:00 am |                 |        |     |     |                       |           |       |          |       | 0                               | Chand       |  |
|                       | 04:00 am |                 |        |     |     |                       |           |       |          |       | 0                               | Chand       |  |
|                       | 05:00 am |                 |        |     |     |                       |           |       |          |       | 0                               | Chand       |  |
|                       | 06:00 am |                 |        |     |     |                       |           |       |          |       | 0                               | Chand       |  |
|                       | 07:00 am |                 |        |     |     |                       |           |       |          |       | 0                               | Chand       |  |
| <b>Total Intake :</b> |          |                 |        |     |     | <b>Total Output :</b> |           |       |          |       |                                 |             |  |

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

KUH-00193523 IP5-00174633  
 Baby DAKURI HADVITHA REDDY  
 30-06-2022 3 Y 11 M 3 D (F)  
 Dr. SIRISHA RANI



# FLUID CHART



Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

| Date                  | Time     | Nature of Fluid | Intake |     |     | Output                |           |       |          |       | IV Site Thrombo-phlebitis Score | Sign. Nurse |  |
|-----------------------|----------|-----------------|--------|-----|-----|-----------------------|-----------|-------|----------|-------|---------------------------------|-------------|--|
|                       |          |                 | Mouth  | I.V | N.G | NG                    | Diarrhoea | Vomit | Drainage | Urine |                                 |             |  |
|                       | 08:00 am |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
|                       | 09:00 am |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
|                       | 10:00 am |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
|                       | 11:00 am |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
|                       | 12:00 pm |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
|                       | 01:00 pm |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
| <b>Total Intake :</b> |          |                 |        |     |     | <b>Total Output :</b> |           |       |          |       |                                 |             |  |
|                       | 02:00 pm |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
|                       | 03:00 pm |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
|                       | 04:00 pm |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
|                       | 05:00 pm |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
|                       | 06:00 pm |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
|                       | 07:00 pm |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
| <b>Total Intake :</b> |          |                 |        |     |     | <b>Total Output :</b> |           |       |          |       |                                 |             |  |
|                       | 08:00 pm |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
|                       | 09:00 pm |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
|                       | 10:00 pm |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
|                       | 11:00 pm |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
|                       | 12:00 am |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
|                       | 01:00 am |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
| <b>Total Intake :</b> |          |                 |        |     |     | <b>Total Output :</b> |           |       |          |       |                                 |             |  |
|                       | 02:00 am |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
|                       | 03:00 am |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
|                       | 04:00 am |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
|                       | 05:00 am |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
|                       | 06:00 am |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
|                       | 07:00 am |                 |        |     |     |                       |           |       |          |       |                                 |             |  |
| <b>Total Intake :</b> |          |                 |        |     |     | <b>Total Output :</b> |           |       |          |       |                                 |             |  |

|                             |  |
|-----------------------------|--|
| <b>Total 24 hrs. Intake</b> |  |
|-----------------------------|--|

|                             |  |
|-----------------------------|--|
| <b>Total 24 hrs. Output</b> |  |
|-----------------------------|--|

# CONSENT FOR BLOOD TRANSFUSION



KUH-00193523 IP5-00174633  
 Baby DAKURI HADVITHA REDDY  
 30-06-2022 3 Y 11 M 3 D (F)  
 Dr. SIRISHA RANI



Name: ..... Age: 3y ..... Gender: Male  Female   
 UHID.No: ..... Date: 2/6/26 .....

- Type of Blood Product:**
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fresh Frozen Plasma | <input type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets  |
| <input type="checkbox"/> Cryoprecipitate     | <input type="checkbox"/> Single Donor Platelet  | <input type="checkbox"/> Whole Blood             |
| <input type="checkbox"/> Albumin             | <input type="checkbox"/> Red Blood Cell         | <input type="checkbox"/> Others <u>T.J.S. Co</u> |

I ..... hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that .....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

**Patient (Or Patient Relative / Guardian):**

**Doctor (Who is talking the consent)**

Signature: A. Swarna  
 Name: A. Swarna  
 Date & Time: 2/6/26 @ 3pm

Signature: [Signature]  
 Name: Sirani  
 Date & Time: 02/06/26 @ 3pm

**Witness**

Signature: [Signature]  
 Name: Sowran  
 Date & Time: 2/6/26 @ 3pm

## రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు:..... వయస్సు:..... లింగము  పురుషుడు  స్త్రీ

UHD. సంఖ్య:..... తేదీ:.....

### రక్త ఉత్పత్తి రకాలు:

- తాజా ఘనీభవించిన ప్లాస్మా  ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు  Random Donor Platelets
- క్రయాప్రెసిపిటేట్  ఒకే ధాత ప్లేటిలెట్స్  Whole Blood
- మొత్తం రక్తం  ఎర్ర రక్త కణం  ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి

ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/నా రోగికి గాని రక్తమార్పిడికి/రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హాప్ ఐ బి యాంటీ బడిస్, హైపబ్లెటీస్ బి సర్వేస్ యాంటీజెన్, హైపబ్లెటీస్ యాంటీబడిస్, మలేలియా మరియు సిఫిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని బహింపపడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతివర్కలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అడనపు ద్రవం మొదలగు అరుదైనది పర్వసానాలు తెల్లత్వవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు బహింపారు .....

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు బహింపబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రక్తముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లెస్ ప్లాజెన్ ప్లాస్మా, క్రయాప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి బహింపారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము .....

సంతకం .....

పేరు .....

పేరు .....

తేదీ మరియు సమయము .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....



## BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 2/6/26 Time: 2:51 PM

Blood Group of the Patient: \_\_\_\_\_ Blood Group on the Blood Bag: \_\_\_\_\_

Blood Bank Issue No: \_\_\_\_\_ Date of Collection: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_

Date & Time of Starting Transfusion: 3/6/26 Planned duration of Transfusion: 12 hours

Check for Correct Unit:  Correct Patient:

Blood products cross checked by: Nurse 1: Sourav Nurse 2: Prinyanka

Before starting transfusion vitals: Temp: 98.21° HR: 120b/m RR: 28b/m BP: 93/59 SpO<sub>2</sub>: 100%

**PLEASE MONITOR THE FOLLOWING:**

| Date   | Time              | HR     | Temperature | Blood Pressure | SpO <sub>2</sub> | Any Rash | Any Rigors | Any Breathlessness | Any Other Problem |
|--------|-------------------|--------|-------------|----------------|------------------|----------|------------|--------------------|-------------------|
| 2/6/26 | 2:51 PM<br>15 Min | 120b/m | 98.5f°      | 95/73          | 100%             | -        | -          | -                  | -                 |
| 2/6/26 | 3:51 PM<br>15 Min | 118b/m | 97.3f°      | 98/52          | 99%              | -        | -          | -                  | -                 |
| 2/6/26 | 4:51 PM<br>30 Min | 109b/m | 98.2f°      | 102/59         | 98%              | -        | -          | -                  | -                 |
| 2/6/26 | 5:51 PM<br>30 Min | 110b/m | 97.3f°      | 98/66          | 100%             | -        | -          | -                  | -                 |
|        | 6:51 PM<br>30 Min | 115b/m | 98.5f°      | 95/45          | 98%              | -        | -          | -                  | -                 |
|        | 7:51 PM<br>1 Hr   |        |             |                |                  |          |            |                    |                   |
|        | 1 Hr              |        |             |                |                  |          |            |                    |                   |
|        |                   |        |             |                |                  |          |            |                    |                   |
|        |                   |        |             |                |                  |          |            |                    |                   |

Comments: nil

Name of the Incharge-Nurse: Sourav

Name of the Nurse: Sourav Prinyanka

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 2/6/26 7pm

Date & Time: 2/6/26 7pm



111

# NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 2/6/26 Time: 12 PM

Weight: 14.9 kgs Centile: >25<sup>th</sup>

Height: 102 cms Centile: 75<sup>th</sup>

Inference: well child

RDA: - Calories: 1300 kcal/d Protein: 22g/d

Diet Recommendations: soft high protein diet

Re-Assessment: Avoid spicy, chilled & outside foods.

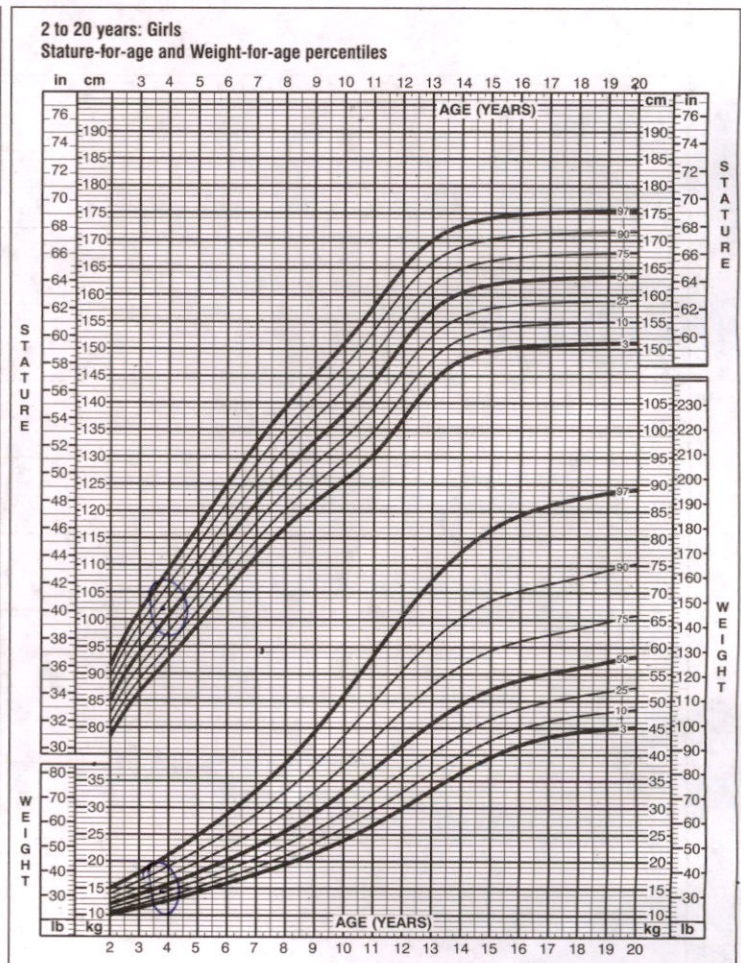
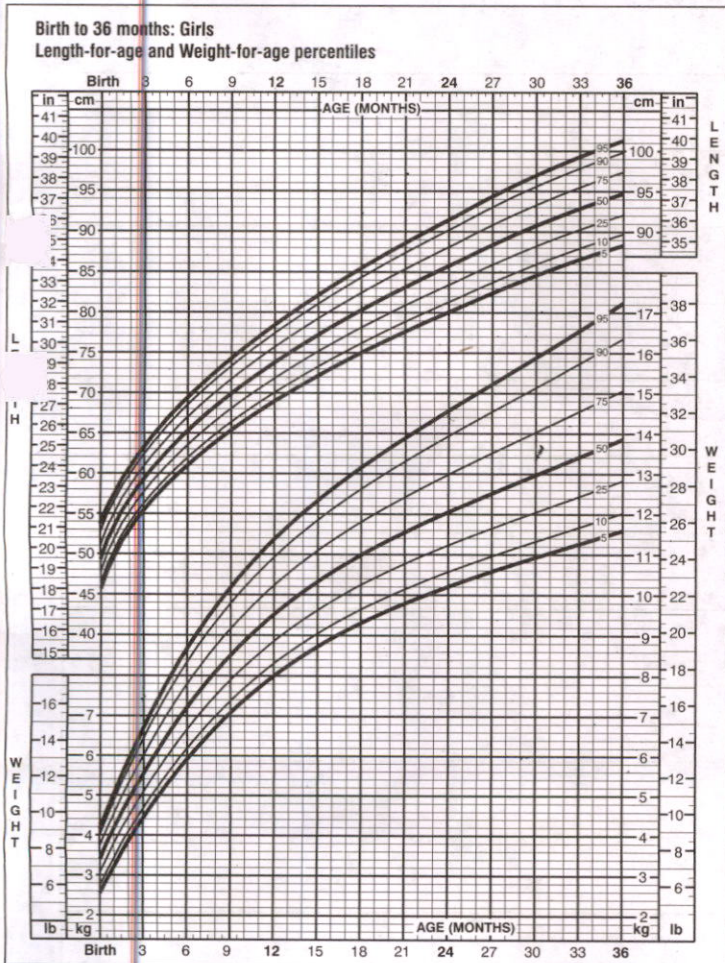
Food Allergies: No Veg/Non-veg: Non-veg

Diagnosis: Retroperitoneal Neuroblastoma & OMAS

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: parent's don't need dietitian. don't charge for NHF

## GROWTH CHART (GIRLS)



Dietician's Name Mounica

Dietician's Signature Mounica

